

## APPLICATION FOR LICENSE FOR TAXICAB

I, the undersigned, do hereby make application to operate a taxicab in the City of Newburgh, New York, pursuant to the relevant provisions of the City's Ordinances and any amendments thereto.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 \*\*Mailing Address \_\_\_\_\_ \*\*Mailing Address \_\_\_\_\_  
 (If Different) \_\_\_\_\_ (If Different) \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If applicant is a corporation, give names and addresses of officers of the corporation together with names and addresses and telephone numbers of person(s) who actually manage the business.

Description of vehicle to be licensed: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
 License Plate No.: \_\_\_\_\_ Vehicle Identification No. \_\_\_\_\_  
 NYS Registered No. \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Four Door: Yes \_\_\_\_\_ No \_\_\_\_\_  
 City Taxi ID # \_\_\_\_\_ (AB-CD 272-11B)

**\*\*A CERTIFICATE OF PUBLIC LIABILITY INSURANCE IN THE NAME OF THE APPLICANT MUST ACCOMPANY THIS APPLICATION AND MUST INCLUDE THE VEHICLE IDENTIFICATION NUMBER\*\***

Has this vehicle been previously operated as taxicab? \_\_\_\_\_

Do you operate any other taxicabs in the City of Newburgh? \_\_\_\_\_

If so, list year, make, license plate number VIN, NYS registration #, and taxicab number for each.

Has your license to operate ever been revoked or suspended? \_\_\_\_\_ If so, state circumstances: \_\_\_\_\_

List the following information for each person who will operate the vehicle. Write name as it appears on New York State Driver's License:

Name	Address	Date of Birth	Newburgh Taxi Lic. #
_____	_____	_____	_____
_____	_____	_____	_____

272-12 H(1) PURSUANT TO NEW YORK STATE PENAL LAW SECTION 210.45:  
 IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY  
 MAKE FALSE STATEMENT HEREIN.

TO BE COMPLETED BY POLICE DEPARTMENT

Vehicle found to be in safe condition for the transporting of passengers.

NYS Safety Inspection Sticker # \_\_\_\_\_ Expiration \_\_\_\_\_

Signature of officer inspecting vehicle \_\_\_\_\_

IF EQUIPMENT DEFICIENCIES ARE FOUND, PLEASE LIST BELOW. THE POLICE DEPARTMENT WILL NOT APPROVE THIS APPLICATION UNTIL THE DEFICIENCIES ARE CORRECTED.

EQUIPMENT DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

272-16: Vehicle markings "taxi"; fares

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DMV CHECK \_\_\_\_\_

WINQ CHECK \_\_\_\_\_

\*\*\*\*\*

This application of \_\_\_\_\_ to operate a taxicab in the City of Newburgh his hereby approved.

\_\_\_\_\_  
Chief of Police

TO BE COMPLETED BY CITY CLERK

FEE OF \$ \_\_\_\_\_ COLLECTED

LICENSE NO. ISSUED \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

*THE LICENSE ISSUED BY THE CITY OF NEWBURGH MUST BE  
DISPLAYED IN THE DESCRIBED VEHICLE AT ALL TIMES*